

<b>Case Number:</b>	CM15-0121704		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	05/12/2003
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 60 year old female who sustained an industrial injury on 05/12/2003. The injured worker was diagnosed with right shoulder impingement. The injured worker underwent a right shoulder arthroscopy with rotator cuff repair and subacromial decompression on February 13, 2015. Treatment to date has included diagnostic testing, surgery with post-operative physical therapy, cryotherapy, steroid injections, ultra sling, abduction pillow and medications. According to the primary treating physician's progress report on April 23, 2015, the injured worker continues to improve with physical therapy. The injured worker was able to actively abduct to approximately 60 degrees with good strength of abduction and external rotation. Current medication was noted as Tramadol. Treatment plan consists of additional physical therapy for the right shoulder and the current retrospective request for a home shoulder exercise kit to supplement formal therapy (dispensed: 4/23/15).

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Retrospective Home shoulder exercise kit (4/23/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines exercise Page(s): 46-47.

**Decision rationale:** The California chronic pain medical treatment guidelines section on home exercise states: Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. (State, 2002) (Airaksinen, 2006) The California MTUS does recommend home exercise in the treatment of chronic pain. There is no evidence however to recommend one specific exercise program. There is no indication in the provided documentation why the patient would need these specific items in a home exercise program versus self-directed exercise as prescribed from a physician. Therefore the request is not medically necessary.